

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599338

FILING DATE

09-26-08

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	/		/			
18		1		1		
19		1		1		
20		3		3		
21		3		3		
22	3					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	2					
33	2					
34	2					
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36	2					
37	2					
38	2					
39	2					
40	2					
41	1					
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48						
49						
50						
TOTAL IND.	3		2			
TOTAL DEP.	59		27			
TOTAL CLAIMS	62		29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						